

# Socio–Economic and Health Issues Related to Elderly and Legal Provisions for Aged Person

Sartaj Ahmad<sup>1</sup>, Arvind Kumar Shukla<sup>2</sup> Manoj Kumar Tripathi<sup>3</sup>

<sup>1</sup> Assistant Professor, (Medical Sociology), Swami Vivekananda Subharti University, Meerut.

<sup>2</sup> Assistant Professor (Biostatistics), Department of Community Medicine, Subharti Medical College, Meerut.

<sup>3</sup> Assistant Professor, (Political Science), Swami Vivekananda Subharti University, Meerut.

Email: [sartajsaleem@gmail.com](mailto:sartajsaleem@gmail.com)

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**Abstract-** In India the size of the elderly population, i.e. persons above the age of 60 years is fast growing although it constituted only 7.4% of total population at the turn of the new millennium. In India, this may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc. This segment of population faces multiple medical and psychological problems. The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries. There is an emerging need to pay greater attention to ageing-related issues and to promote holistic policies and programmes for dealing with the ageing society.

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**Keywords:** Elderly<sup>1</sup>, Socio-economic status<sup>2</sup>, Health issues<sup>3</sup>, Legal provision<sup>4</sup>

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## I. INTRODUCTION

Ageing is a natural process. In the words of Seneca; “Old age is an incurable disease”, but more recently, Sir James Sterling Ross commented “You do not heal old age. You protect it; you promote it; you extend it”. [1] Ancient Indian scriptures extol service to elders. “One who always serves and respects elderly is blessed with four things: Long Life, Wisdom, Fame and Power” [2].

The older population is growing faster than the total population in practically all regions of the world and the difference in growth rates is increasing. Currently, the growth rate of the older population (1.9 %) is significantly higher than that of the total population (1.2 %) [3] In the period between 1996 to 2016, Indian population in the age group above 60 years will increase from 62.3 to 112.9 million [4]. Further it was reported that in the year 2001, 75 percent of elderly in India were living in rural areas. Even now, as the number of older persons increases, there is a growing awareness of the importance of active ageing [5].

With the changing age structure of the population leading to increase in the proportion of old persons, and with ongoing economic development and the consequent changes in family structure and relationships, the elderly lose their relevance and significance in their own households and face problems. The rapid urbanization and societal modernization has brought in its wake a breakdown in family values and the framework of family support, economic insecurity, social isolation, and elderly abuse leading to a host of psychological illnesses. In addition, widows are prone to face social stigma and ostracism [6]. The elderly experience changes in different aspects of their life. This may be attributed to physiological decline in ageing due to physical changes, inability to control certain physiological functions, various chronic conditions and change in socio-economic status. A feeling of low self –worth may be felt due to the loss of earning power and social recognition.[7]. Many surveys have shown that retired elderly people are confronted with the problems of financial insecurity and loneliness, [8]

This review study covers:

- the social and economic well-being of the ageing population, exploring health-related issues, and
- Legal issues and human rights norms as they pertain to older persons

## II. THE SOCIAL AND ECONOMIC WELL-BEING OF THE AGEING POPULATION

The contribution of elderly populations to demographic figures is increasing day by day. Industrialization, urbanization and socialization are bringing changes in social values and Life style in all religion and castes. Urbanization, nuclearization of families, migration and dual career families are making care of the elderly more and more of a personal and social problems.[13] Changing role and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old age people for long periods.

The traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. The basic social structure in India has historically been the 'joint family, where extended family, including brothers with their spouses and children stay under one roof. This family structure has been the socio-economic backbone of the average Indian. In times of disease or emergency, members of the family have pooled in resources to help each other out. The family has also looked after it's elders in their old age by giving them socio-economic and emotional support. It is believed that since the elders raise children, it is the duty of the children to support and take care of them in their time of need.

An important social issue concerning elders and geriatric care in India is the changing family structure. A rapid transition to urban areas in recent areas has led to breakdown of the joint family structure and emergence of the nuclear family. [9] In modern India, family structure is changing at a rapid pace. With an increase in mobility from rural areas to urban areas in recent times, the 'joint family' is breaking down into several scattered nuclear families. [10]. This breakdown of the social 'backbone' has a significant effect on the finances of the family as well. There is less pooling of resources. With a decrease in finances, elder care takes a hit. The priority in a house is often given to the child and the spouse. Since Geriatric care is expensive and not easily accessible, it is often neglected. This is reflected in the recent increase in the incidence of reported abuse of elders. [11]

The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Most of the elderly populations, predominantly women, are living in urban centers. This fact is one of the most important characteristic of the socioeconomic picture in India, urbanization with poverty. Women are bearing mainly the burden. It is obvious that, from a cultural perspective, the social impact of aging populations is a complex issue. Women issues are extremely important in considering social policies for elderly

population. Feminization of poverty and ill-health during old age is a result of exacerbated risks for women across the life course. Appropriate care and support for this vulnerable group is a priority [12].

The major political challenge is the need for redistributive policies. Developing countries must add new priorities to their scarce resources, for social programs for elderly, while still having to deal with the problems of their younger populations. The change in socio-economic status adversely affects the individual's way of life after retirement or loss of job. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self worth may be felt due to the loss of earning power and social recognition. For the developing countries like India, the ageing population may pose mounting pressures on various socio economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc [13].

### III. EXPLORING HEALTH-RELATED ISSUES RELATED ISSUES AMONG ELDERLY

Health status is an important factor that has a significant impact on the quality of life of an elderly population [14]. In recent years there has been an increasing international awareness of health issues relating to aging populations. The health problems of the elderly are complicated by social, economic and psychological interactions to a greater degree than younger people [15]. Morbidity among elderly people has an important influence on their physical functioning and psychological well-being. Many elderly have several disorders at the same time. The incidence of diseases increases with age [16]. Apart from geriatric conditions seen specifically in these populations, the average elder in India suffers from dual set of conditions: communicable/ infectious and non-communicable conditions. Physiological changes with age as well as a decrease in immunity lead to an increase in communicable diseases.

The most common geriatric condition associated with old age in India is hearing impairment followed by vision impairment [17]. Other common conditions such as Dementia and Alzheimer's disease are scarce. [18] Higher percentages of musculoskeletal disorders found in elderly due to load bearing activities in rural areas. A large number of infectious cases seen in the public hospitals in India are in the geriatric age group. Risk for cardiovascular disease is also known to increase with age. [19] Diabetes, hypertension and heart disease are fairly common conditions seen in India. With increasing life spans, more and more elders find themselves to be suffering from these chronic debilitating disorders. An aging Indian population ailing from chronic illness puts an incredible amount of burden on the already stretched health care system. [20] Social and psychological factors play a major role in determining the health status of the Indian elder. They influence not only the physical health, but also largely, his mental health. In spite of strong family bonds and cultural practices that revere the aged, depression still ranks as the most prevalent psychiatric illness of the aged. Although the Indian elder is more under stress today than ever before.[21] Mostly elderly were associated with many physical, mental and social problems. The elderly were suffering mainly from respiratory illnesses followed by arthralgia, hypertension, GI diseases and mental disorders. [22] Major illnesses were significantly higher in old age as compared to their own past history. a study done on elderly population in rural area of Varanasi district of India. In the Varanasi study it was also mentioned that compared to married people higher percentage of widows/ widowers suffered from old age related morbidities.[23]. With communicable and lifestyle conditions taking up an overwhelming majority of India's public health spending, geriatric care is far from being a priority. It needs to be taken far more seriously as a public health issue. For a country so highly populated, secondary and tertiary care are priorities. In such a scenario, an important step the Indian government needs to take is to pump in money and resources into public health care delivery. The importance of early surveillance of the health needs of elderly people has been emphasized, Knowledge of the situation and circumstances of the elderly population is essential to the provision of cost- effective services and the planning of strategies for intervention and care [24].

There is a need to change social-life style for healthy ageing by increasing awareness and utilization of geriatric welfare schemes as well as accessibility to government health services for the elderly. There is a need for geriatric counseling centers that can take care of their physical, and socio psychological needs. There is also a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the

disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

#### IV. LEGAL ISSUES AND HUMAN RIGHTS NORMS RELATED ELDERLY IN INDIAN CONSTITUTION

##### *i. Maintenance and Welfare of Parents and Senior Citizens Act, 2007*

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:-

- Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
- Establishment of Old Age Homes for Indigent Senior Citizens
- Adequate medical facilities and security for Senior Citizens

##### *ii. Relevant Constitutional Provisions*

Article 41 of the Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.

Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.

##### *iii. National Policies & Programmes for the Welfare of the Elderly*

The Ministry of Social Justice & Empowerment, which is the nodal Ministry for this purpose focuses on policies and programmes for the Senior Citizens in close collaboration with State governments, Non-Governmental Organizations and civil society. The programmes aim at their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centers, mobile Medicare units, etc.

##### *iv. National Policy on Older Persons (NPOP), 1999*

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives are:

- to encourage individuals to make provision for their own as well as their spouse's old age;
- to encourage families to take care of their older family members;
- to enable and support voluntary and non-governmental organizations to
- supplement the care provided by the family;
- to provide care and protection to the vulnerable elderly people;
- to provide adequate healthcare facility to the elderly;
- to promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and
- to create awareness regarding elderly persons to help them lead productive and independent live.

***v. National Council for Older Persons***

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. The Council was re-constituted in 2005 with members comprising Central and State governments representatives, representatives of NGOs, citizen's groups, retired person's associations, and experts in the field of law, social welfare, and medicine.

***vi. Economic Solvency of Elderly Persons***

Another important dimension to the subject of economic conditions of the elderly persons is the monthly per capita consumption expenditure (MPCE) of the aged population in rural and urban India. For this one may examine the percent distribution of elderly population across the MPCE classes separately obtained for rural and urban part of the country in the NSSO surveys. Among the rural elderly persons almost 50% have a monthly per capita expenditure level between Rs. 420 to Rs. 775 and as expected more males than females are there in higher expenditure classes. On the other hand, among the urban elderly persons, almost half of males and females have monthly per capita expenditure between Rs. 665 and 1500.

Moreover in urban areas higher concentration of elderly males than females in the higher expenditure classes was quite evident from the graph. This may be due to the fact that their medical expenditure is included in total consumption expenditure which may often be on higher side.

***vii. -Ministerial Committee on Older Persons***

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/ Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/ Departments concerned is considered from time to time by the Committee.

***viii. Central Sector Scheme of Integrated Programme for Older Persons (IPOP)***

An Integrated Programme for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non- Governmental Organizations/ Panchayati Raj Institutions/ local bodies and the Community at large. Under the Scheme, financial assistance up to 90% of the project cost is provided to nongovernmental organizations for establishing and maintaining old age homes, day care centers and mobile Medicare units. The Scheme has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc.

The Scheme has been revised w.e.f. 1.4.2008. Besides increase in amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. Some of these are:

- Maintenance of Respite Care Homes and Continuous Care Homes;
- Running of Day Care Centers for Alzheimer's Disease/Dementia Patients,
- Physiotherapy Clinics for older persons;
- Help-lines and Counseling Centers for older persons;
- Sensitizing programmes for children particularly in Schools and Colleges;

- Regional Resource and Training Centers of Caregivers to the older persons;
- Awareness Generation Programmes for Older Persons and Care Givers;
- Formation of Senior Citizens Associations etc.

The eligibility criteria for beneficiaries of some important activities/ projects supported under the Scheme are:

- Old Age Homes - for destitute older persons
- Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.
- Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite

During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

#### *ix. Assistance for Construction of Old Age Homes*

A Non-Plan Scheme of Assistance to Panchayat Raj Institutions/ Voluntary Organizations/ Self Help Groups for Construction of Old Age Homes/ Multi Service Centers for Older Persons was started in 1996-97. Grant-in-aid to the extent of 50% of the construction cost subject to a maximum of Rs. 15 lakhs was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07). Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act 2007 envisages a provision of at least old age home for indigent senior citizens with 150 capacities in every district of the country. A new Scheme for giving assistance for Establishment of Old Age Homes for Indigent Senior Citizens in pursuance of the said provision is under formulation.

#### *x. International Day of Older Persons*

The International Day of Older Persons is celebrated every year on 1st October. On 1.10.2009, the Hon'ble Minister of Social Justice & Empowerment flagged off "Walkathon" at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated. Help age India, New Delhi collaborated with the Ministry in organizing the event of the day.

### **V. SCHEMES OF OTHER MINISTRIES**

#### *i. Ministry of Health & Family Welfare*

The Ministry of Health and Family Welfare provides the following facilities for senior citizens of:

- Separate queues for older persons in government hospitals.
- Two National Institute on Ageing at Delhi and Chennai have been set up
- Geriatric Departments in 25 medical colleges have been set up.

#### *ii. Ministry of Rural Development*

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) – for persons above 65 years belonging to a household below poverty line, Central assistance is given towards pension @ Rs. 200/- per month, which is meant to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least Rs.400/- per month as pension.

#### *iii. Ministry of Railways*

The Ministry of Railways provides the following facilities to senior citizens:

- Separate ticket counters for senior citizens of age 60 years and above at various (Passenger Reservation System) PRS centers if the average demand per shift is more than 120 tickets;
- 30% and 50% concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

#### ***iv. Ministry of Finance***

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Income tax exemption for senior citizen of 65 years and above up to Rs. 2.40 lakh per annum.
- Deduction of Rs 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizens of 65 years and above.
- An individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above.

#### ***v. Department of Pensions and Pensioner Grievances***

A Pension Portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances as per recommendation of the Sixth Pay.

#### ***vi. Ministry of Civil Aviation***

The National Carrier, Air India, provides concession up to 50% for male senior citizens of 65 years and above, and female senior citizens of 63 years and above in air fares.

## **VI. CONCLUSION**

This study highlights the facts that morbidity increases with the age with associated social factors, more so after the death of the spouse. Elderly showed lack of interest in traveling, loss of decision making power and increased economic dependency on their children, endangering their health – physical, mental and social. The financial and social needs of the elderly should be fulfilled by preserving traditional joint family system, promoting light home based occupations, life style changes for healthy ageing and by increasing awareness and utilization of geriatric welfare services as well as accessibility to government health services. The culture of a family staying together to take care of the elder should be encouraged.

The major needs of elderly were found to be economic dependence, ignorance to their advice, sad attitude towards life, loneliness, distant government health facilities and lack of awareness as well as utilization of geriatric welfare services.

Indian elderly are associated with many physical, mental and social problems. The elderly are suffering mainly from respiratory illnesses followed by arthralgia, hypertension, GI diseases and mental disorders. There is a need to change social-life style for healthy ageing by increasing awareness and utilization of geriatric welfare schemes as well as accessibility to government health services for the elderly. There is a need for geriatric counseling centers that can take care of their physical, and socio psychological needs. There is also a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. The morbidity increases with the age with associated social factors, more so in widowed people.

Therefore, it is required to recognize these problems and carry out regular IEC activities to increase the awareness for more utilization of geriatric welfare services. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

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